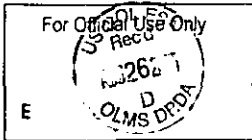


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>043-508</u> <u>12906</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JOSEPH M BAKES</u> P.O. Box, Bldg., Room No., if any <u>7TH FLOOR</u> Street <u>1645 W. JACKSON BLVD.</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60612</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTER LOCAL 705</u> Labor Organization File Number <u>043-508</u> P.O. Box, Building and Room Number, if any <u>7TH FLOOR</u> Street <u>1645 W. JACKSON BLVD.</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60612</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph M Bakes</u>	On <u>8/17/05</u> Date	<u>312-738-2800</u> Telephone Number

Name of Person Filing

JOSEPH M BAKES

File Number U-

043-508

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTER LOCAL 705 H/W & PEN FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 7TH FLOOR

Street 1645 W. JACKSON BLVD

City CHICAGO

State IL ZIP Code + 4 60612

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTER LOCAL 705 H/W & PEN FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 7TH FLOOR

Street 1645 W. JACKSON BLVD

City CHICAGO

State IL ZIP Code + 4 60612

11.a. Nature of such dealing.

TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

SEE ATTACHED

12.b. Amount.

\$5146.74

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

2004 LM30 REPORT

Joseph Bakes

Funds

<u>PAYEE</u>	<u>AMOUNT</u>	<u>DATE</u>	<u>DESCRIPTION</u>
River Forest Travel	\$225.20	4-Feb-04	Airfare, Orlando, Trustee Training 2/05
Platinum Plus	\$1,205.00	4-Feb-04	Conf Reg, New Orleans, 12/04
Platinum Plus	\$622.28	16-Mar-04	Hotel, Orlando 2/04
Jack Witt	\$157.50	16-Mar-04	Dinner(2), Orlando 2/04
Joe Bakes	\$60.61	2-Mar-04	Orlando, Trustee Training 2/04 expenses
River Forest Travel	\$218.20	16-Jun-04	Airfare, New Orleans 12/04
River Forest Travel	\$196.70	16-Nov-04	Airfare, Las Vegas, Marco 1/05
Joe Bakes	\$22.12	20-Dec-04	New Orleans 12/04 Expenses
Platinum Plus	\$1,310.00	7-Dec-04	Hotel/Conf Reg Honolulu 12/05
Platinum Plus	\$1,129.17	20-Dec-04	Hotel, New Orleans 12/04
	<u>\$5,146.78</u>		

Name of Person Filing

JOSEPH M. BAKES

File Number U- 043-508

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LASALLE BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 135 S. LASALLE ST.

City CHICAGO

State IL ZIP Code + 4 60603

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 705 H/W + PEN FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 7TH FLOOR

Street 1645 W. JACKSON BLVD

City CHICAGO

State IL ZIP Code + 4 60612

11.a. Nature of such dealing.

CUSTODIAN

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

7/14/04 LUNCH MTG. / EVENT \$63

12.b. Amount.

\$63

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

JOSEPH M. BAKES

File Number U-

043-508

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERCONTINENTAL REAL ESTATE CORP.Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 1270 SOLDIERS FIELD ROADCity BOSTONState MA ZIP Code + 4 02135-1003

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTER LOCAL 705 H&W + PENSION FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any: 7TH FLOORStreet 1645 W. JACKSON BLVDCity CHICAGOState IL ZIP Code + 4 60612

11.a. Nature of such dealing.

REAL ESTATE INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

DRAW DOWN

12.a. Nature of interest held or income received.

2/24/04	DINNER MTG.	\$ 95
11/21/04	SPORTING EVENT	\$ 100
11/26/04	DINNER MTG	\$ 70
12/1/04	DINNER MTG	\$ 40

12.b. Amount.

\$305.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>JOSEPH M. BAKES</u>	File Number U- <u>043-508</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PRUDENTIAL INVESTMENT MGT SUCS.
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any 14TH FLOOR
Street 3 GATEWAY CENTER
City NEWARK
State NEW JERSEY ZIP Code + 4 07102-4077

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 705 H/W & PEN FUNDS.
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any 7TH FLOOR
Street 1645 W. JACKSON BLVD.
City CHICAGO
State IL ZIP Code + 4 60612

11.a. Nature of such dealing.

PROSPECTIVE INVESTMENT MGR.

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

12/1/04 DINNER MTG. \$96.39⁰⁰

12.b. Amount.

\$96.39

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SIERRA INVESTMENT PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 138 SOUTH

Street 2625 BUTTERFIELD ROAD

City CHICK BROOK

State IL ZIP Code + 4 60523

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 7015 H/W & PEN. FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 7TH FLOOR

Street 1645 W JACKSON BLVD.

City CHICAGO

State IL ZIP Code + 4 60612

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$ 1,700,000

12.a. Nature of interest held or income received.

2/24/04 DINNER MTG	\$104
7/1/04 DINNER MTG	\$ 25
7/30/04 DINNER MTG	\$ 30
8/18/04 GOLF/DINNER MTC	\$ 58
MISC GIFTS	\$127

12.b. Amount.

\$344

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

JOSEPH M BAKES

File Number U- 043-508

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAVA, SIGMAN, AVERBACH & NEUMAN, LTD.Trade Name, if any: P.O. Box, Bldg., Room No., if any STE 2200Street 200 W. ADAMS ST.City CHICAGOState IL ZIP Code + 4 60606-5231

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 705 H&W AND PEN. FUNDSTrade Name, if any: P.O. Box, Bldg., Room No., if any 7TH FLOORStreet 1645 W. JACKSON BLVDCity CHICAGOState IL ZIP Code + 4 60612

11.a. Nature of such dealing.

FUNDS ATTORNEY

11.b. Approximate dollar value of such dealing.

\$103,757

12.a. Nature of interest held or income received.

SEE ATTACHED

12.b. Amount.

\$120.01

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Prepared by: Baum Sigman Auerbach & Neuman, Ltd.

DATE	NAME	AMOUNT	DESCRIPTION
07/27/04	Bakes, Joseph	18.52	MEAL
08/11/04	Bakes, Joseph	12.50	MEAL
09/27/04	Bakes, Joseph	26.00	MEAL
11/30/04	Bakes, Joseph	50.00	OMAHA STEAKS FOR CHRISTMAS
12/13/04	Bakes, Joseph	12.99	MEAL
		120.01	